Standards
Washington, DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 720 C	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DAVID M. LENNON	Name ASSOC, MUSICIANS OF GRTL, NY LOCAL 802 AMER. FED. OF MUSICIANS Labor Organization File Number 0/0790
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2350 BROADWAY #710	Street 322 W. 48 ST.
City NEW YORK	City NEW YORK
State	State NY ZIP Code + 4 10036
PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization	lerived income as other assessing here.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name NEW YORK DHILHARMONIC Trade Name, if any:	9/21/04 GMA-DMARE
P.O. Box, Bldg., Room No., if any AUERY EISITER ITALL	7.b. Amount.
Street LINCOLN CENTER	7.b. Allouit.
ity NEW YULLE	\$ 100.00
tate NEW YORK ZIP Code + 4, 10023	
Signati	
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned sknowledge and belief, true, correct, and complete. (See the sectic	I (I)(I)(I)(I) has been examined by the signatory and in to the best state.

Signed

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	a. Labor Organization b. Trust	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	,	
Oity .	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
		•
•		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street:		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	/ undure of paymone.	

Standards
Washington, DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 7500	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DAVID M. LENNON	Name ASSOC. MUSICIAUS OF GRTP. NY LOCAL 807, AMER. FEB. OF MUSICIANS Labor Organization File Number 010790
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2350 BROADWAY #710	Street 322 W. 48 ST.
City New YORK	City NEW YORK
State	State NY ZIP Code + 4 10036
5. Position in labor organization. PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclusion) A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization	sions set forth in the instructions):
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Name, if any:	5/4/04 Gala-Dinner
P.O. Box, Bldg., Room No., if any NY STATE THEATER	7.5.4
Street · LINCOLN CENTER	7.b. Amount.
City NEW YORK	\$ 150.00
State WEN YORK ZIP Code + 4 10023	
Signat	ure
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	7 (Incliments) has been examined by the signature and in the true to the
Δ) Δ /	,

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. der parts A and B above) ev or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	-
Name :	Autoria de la companya de la company	
Trade Name, if any:	Processing Control of	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Office of Labor-Management Standards Washington, DC 20210

LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
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MS DY	
1. File Number U - 7200	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DAVID M. LENNON	Name ASSOC, MUSICIANS OF GRTA NY LOCAL 802, AMER. FED. OF MUSICIANS Labor Organization File Number 010 790
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2350 BROADWAY #710	Street 322 W. 48 ST.
city New YORK	City NEW YOKK
State ZIP Code + 4 _ / 002 4	State NY ZIP Code + 4 10036
5. Position in labor organization. PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organizatio	n represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount,
Street	7.D. Amount.
City	
State ZIP Code + 4	
Signate	
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section.)	figure and other applicable applicable applicable applicable and the least the second state of the second
, and a series of a series of a series of the second	

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BREDITOFF + KAISER, PUC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 805 15 th ST. NW City WASINNGTON DC State ZIP Code +4 20005	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Business Cuncit
Street	11.b. Approximate dollar value of such dealing. \$30.00
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	der parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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RGANIZATION OFFICER AND MPLOYEE REPORT

Office of Manageme and Budget No. 1215-0188 Expires 11-30-200

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1. File Number U -

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omply may result in criminal prosecution, fines, or civil penalties, as provided by 29 U.S.C 439 or 440.

ONS CAREFULLY BEFORE PREPARING THIS REPORT.

	2. Fiscal Year Covered From:
3. Name and address of person filing. Name DAVID M. LENNON	4. Name, file number, and address of labor organization. Name ASSOC 40.44
P.O. Box, Bldg., Room No., if any	LOCAL 802 AMER. FED. OF MUSICIAN Labor Organization File Number 0/0 790 P.O. Box, Building and Room Number, if any
City NEW YORK State AM	Street 322 W. 48 ST. City NEW YORK
5. Position in labor organization. PRESIBENT	24 State NY ZIP Code + 4 10036
A. Held an interest in, engaged in transactions (including loans) of monetary value from an employer whose employees your orgot. Name and address of Employer (including trade name, if any). Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
C.O. Box, Bldg., Room No., if any	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any treet ZIP Code + 4	7.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or otl of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with you. labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name DLAYBILL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 37-15 615 57. City W000S/INC	a. Labor Organization b. Trust
State	L. Transmitter of the control of the
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LEACHE OF AMERICAN THEN THE WARRENCE AND PRODUCESS. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 226 W 47 57. City NEW YORK State NEW YORK ZIP Code + 4 10036	11.a. Nature of such dealing. 1/04 SHOW TILKETE. "PRODUCERS" \$125 4/20/04 "EASTER BOWNET" EVENT TICKETS 8/00 12/7/04 "GYBSY OF THE YEAR" EVENT 1 TREET 8/00. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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